

## **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

MDR Tracking Number: M2-03-1686-01

September 15, 2003

An independent review of the above-referenced case has been completed by a doctor board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

### **Notice of Independent Review Determination**

#### **CLINICAL HISTORY**

This is a gentleman with a history of a cervical spine injury. The records provided included a series of check off lists, but there are no progress notes or other narratives to determine the actual mechanism of injury, the physical findings identified or the diagnosis or treatment plan. The treatment included multiple medications (Flexeril, Lortab, Vioxx) and physical therapy. There was no citation of upper extremity radiation of pain, but no notation of electrodiagnostic assessment.

#### **REQUESTED SERVICE(S)**

Medical necessity of a work hardening and work conditioning program.

#### **DECISION**

Approve the work conditioning as clinically indicated. Do not approve the work hardening program as it is not reasonable and necessary care.

#### **RATIONALE/BASIS FOR DECISION**

It would appear that the requesting provider feels that these two types of treatment protocols are interchangeable and they are not. A four-hour work conditioning program to build up the ability of the injured workers after a surgical intervention and a protracted absence from the work place is indicated. However, the types of modalities and the issues being addressed in a work hardening program do not meet the standard of being reasonable and necessary care for the injury. A number of other factors are included

that are wholly unrelated to the injury received and the treatment therein. There was no discussion of a specific job to return to, what the appropriate restrictions would be and if there was an attempt to return to work with restrictions.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 15<sup>th</sup> day of September 2003.